

California Mental Health Planning Council
Recovery Standards Task Force

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has expressed concern regarding a lack of standards, definitions, curricula, and materials for provider and community-based training on wellness, recovery, and resiliency in California's public mental health system. The lack of standards may result in a very uneven implementation of the training proposed in Community Services and Support (CSS) plans and inconsistent interpretations of recovery approaches to providing services. In addition, in the absence of consistent standards and quality control, oversight of every individual county's training plans would be a formidable task. Consequently, state guidelines will need to be developed in order to avoid a waste of dollars and time and to ensure a cost effective approach to the implementation of recovery practices from one county to another that improves quality of life for those seeking services and their families.

California Mental Health Planning Council: Recovery Standards Task Force

The California Mental Health Planning Council (CMHPC) is mandated under the Mental Health Services Act, Sections 5820 and 5821 to:

- Review and approve the Five-year Plan
- Advise the Department of Mental Health on education and training policy and program development
- Provide oversight for the Department's education and training plan development

In response to the issues raised by the MHSOAC, the California Mental Health Planning Council (CMHPC) will be facilitating a time-limited Recovery Standards Task Force, which will endeavor to complete its work in three meetings. The initial charge of the task force will be as follows:

- To develop a consistent understanding of wellness, recovery, and resiliency that can be used to create standards and core competencies for mental health occupations
- To identify training and curricula that are based on the developed core competencies
- To help county mental health programs and other providers select training and education programs on wellness, recovery, and resilience that meet the established standards and core competencies.
- To enable oversight entities to evaluate whether mental health staff are being provided training and education by programs or courses that meet standards and core competencies that have been established

The task force will be comprised of representatives from at least the following organizations: Department of Mental Health, MHOAC, CMHPC, California Institute for Mental Health (CIMH), California Mental Health Directors Association, California Network of Mental

Health Clients, California Council of Community Mental Health Agencies, United Advocates for Children of California, National Alliance on Mental Illness California, California Association of Social Rehabilitation Agencies, California Outreach and Education Collaborative, CIMH Center for Multicultural Development, and The Center for Reducing Health Disparities.

Task force members will utilize the findings of Substance Abuse and Mental Health Services Administrations National Consensus Statement on Mental Health Recovery as a foundation from which to develop standards and core competencies. The National Consensus Statement identifies components essential to recovery derived from the deliberations of over 110 experts who attended the December 2004 National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation. The “10 Fundamental Components” are the following: Hope, Self Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, and Responsibility. The task force will consider cross-cultural perspectives when operationalizing components, as some components may not be congruent with diverse cultural perspectives. For example, person-centered empowerment may not translate in cultures that place a higher value on one’s close association to family and community.

Examples of Issues to Consider

- Need to establish criteria to review existing curricula and training.
- Consider if standards and competencies need to be tailored by occupation; or, could be developed by type of task; e.g., peer support; assessment; treatment planning.
- If new curricula will be required:
 - Who develops the curricula?
 - Must ensure involvement of consumer and family members, existing staff, and academic experts in curricula development for all postsecondary segments
 - Training and curricula that are developed or enhanced must include cross-cultural perspectives, as cultural interpretations of wellness, recovery, and resiliency are variable.

California Mental Health Planning Council: Related Activities

1. Peer Support DACUM

The employment of consumers is vital to the transformation of the public mental health system. In order to increase the level of consumer employment in the public mental health system, county mental health departments have developed the peer support specialist position. Understanding this occupational niche is critical to developing additional training programs and being able to expand career mobility opportunities for individuals who are working with in the position. A peer support Developing a Curriculum (DACUM) will allow for a more standardized review of what current peer support professionals are doing in the public mental health system. In addition, a DACUM will enable employers to determine the training that will best enhance the work of peer support, allowing organizations to develop career ladders that link to other professions for consumers who work in these positions.

2. Consumer and Family Member Task Force

The purpose of the workgroup is to make recommendations to the Human Resources Committee on consumer and family member employment programs and opportunities that are consistent with the recommended activities of Mental Health Services Act (MHSA) Education and Training Program components specified in Sections 5822(g) and 5822 (h), which state:

- Promotion of the employment of mental health consumers and family members in the mental health system.
- Promotion of the meaningful inclusion of mental health consumers and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).

In addition, the workgroup will ensure that programs are aligned with the mission of Client Network of Mental Health Clients (CNMHC), National Association for the Mentally Ill (NAMI) and United Advocates for Children of California (UACC). The workgroup will assist the HRC with reviewing any recommendations for increasing the number of consumers and family members employed in the mental health system. Nomination to the workgroups will be made by CNMHC, NAMI, and UACC

3. Postsecondary Educational Task Force

The public mental health system lacks an ethnically representative workforce. There is a tremendous need to provide leadership on how to increase the diversity of the workforce and to establish a “core curriculum” to be utilized in the postsecondary educational system, which includes community colleges, state universities, University of California programs and private institutions, to produce individuals who provide culturally competent services. The purpose of the Postsecondary Educational Work Group is to provide the HRC with information on how to develop a “core curriculum” that can be used in postsecondary educational programs to assure the production of a cultural proficient “work-ready” workforce from educational programs. In addition, the group will advise the committee on how to develop requirements related to the provision of loan repayment programs that will hold educational programs accountable for increasing student diversity and cultural competency. HRC Secondary and Postsecondary Education Subcommittee, which includes academic experts in cultural competence research, will be making nominations to this workgroup.